

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90169 020 ****61.25

DOCUMENT # N40500

1. Entity Name

SUNLIGHT COMMUNITY CHURCH OF PORT ST. LUCIE, INC

Principal Place of Business

Mailing Address

% JAMES A. VANDER SLIK
 477 CASHMERE BLVD
 PORT ST. LUCIE FL 34983
 US

% JAMES A. VANDER SLIK
 477 CASHMERE BLVD
 PORT ST. LUCIE FL 34986-1737
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0074763

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDER SLIK, JAMES A.
753 LANSDOWNE AVE
PORT ST LUCIE FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME **LACRETIA, BURRELL**
 STREET ADDRESS **2318 SW FERN CIRCLE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

Change Addition

D Delete
 NAME **BROWN, WINSTON**
 STREET ADDRESS **1285 SW EMPIRE ST**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

Change Addition

D Delete
 NAME **BURRELL, WILLIAM L**
 STREET ADDRESS **2318 SW FERN CIRCLE**
 CITY-ST-ZIP **PORT ST LUCIE FL**

Change Addition

Delete

Change Addition

Delete

Change Addition

Delete

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert D. B. Burrell, Jr.* 2-4-00 (561)879-4543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #